

Cotting (B. E.)

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BY

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. "ratus quantulameunque in hoc scientiæ
genere accessionem, etsi nihil magnificentius quam odontalgia aut
clavorum pedibus innascentium curationem edoceat, longe maximi
faciendam esse præ inani subtilium speculationum pompa "

Sydenham. Op. Om.—Obs. Med. II. Cap. II. § 47.
Syd. Soc. Ed. 1846, p. 116.

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[Transactions of the Roxbury Society for Medical Improvement, March 14, 1887,—notes, etc.]

DR. COTTING reported as follows :—

In January last he had operated for the radical relief of an infleshed• toe-nail, in the presence of several members of this Society.

The patient was a young woman, on whom he had performed the same operation on the other great toe, four years before. At that time, a brother, older than herself, received the same treatment for a like ailment. Indeed, some sixteen years ago, he had performed four operations simultaneously (on the two sides of the two great toes) for the mother of these patients; making, in all, seven similar operations in the same family.

In each of these seven cases the result was successful in the fullest sense of the term. The ailment was completely eradicated, never to return. The nails were not injured in the process. They afterwards grew naturally, without pain or hindrance of any kind, soon acquiring normal usefulness. The toes, as usual after the peculiar method employed, were greatly improved in shape and general appearance. Walking also became easy and agreeable, in any kind of boot or shoe.

The method resorted to in all these cases was one devised by him, more than forty years ago ; and, although many times followed by himself and others here and elsewhere, has never, to his knowledge, failed to effect a radical cure.

It is a very simple procedure : Etherize the patient, unless he object. Remove with the knife the diseased fleshy parts, *together with a large and thick slice* of the healthy adjoining side

FIG. 1.



of the toe, as shown in the Figures.

Let the cut begin or go well back, as in Figure 2, and let it be guided by the edge of

FIG. 2.



the nail, which should be exposed, as in Fig. 1, but need not, nor its matrix, be involved or injured thereby. Dress the wound with lint or absorbent cotton, firmly compressed upon it by a narrow roller-bandage, and cover the whole with a good-sized piece of oiled muslin or silk, neatly secured, in order to prevent any extra oozing of blood. •

This is the whole of it. The patient lies abed for a few days, or immediately sits up, or hobbles about, as he pleases, even going to his work at once, if necessary. From the moment of the operation there remains only a clean-cut wound, to heal as other healthy wounds of like dimensions—with less pain or annoyance in it than

previously in the disease ; while such (if there be any) rapidly decreasing, soon departs altogether.

This operation, one of the simplest ever devised for this affection, differs from all the others* in its fundamental principle and purpose, namely, the producing of a radical cure by *cicatricial contraction*, and that by means of a wound of sufficiently large extent, in healthy as well as diseased parts. For, as such a wound contracts and heals, the remnants of the lateral fleshy nail-furrow, if any remain, together with the soft parts adjoining, are drawn in by the contraction, and, in this manner, are kept away from the edge of the nail. Thus the nail thenceafter, in its ordinary growth, has nothing to imbed itself in, or even to impinge upon. A return of the affection is thereby put entirely out of the question.

Such was the method pursued in the case now

reported. Those present and assisting can bear witness to its simplicity and ease in performance, as well as to the complete success and radical "cure," then shown to them, of the previous operation on the same patient.

Though a minor operation* in surgery, one may deem himself fortunate if able to suggest an easy and radical remedy for an often-met affection so exquisitely painful and disabling as this frequently becomes, or so intractable as it has heretofore proved to be. To this end unnumbered attempts have been made, without satisfactory results. Beaudé states that Velpeau counted up nearly a hundred such. • "This large number," he says, "attests the importance of this little malady, and the difficulty of its cure." Velpeau himself always adhered to the evulsion of the nail, which procedure he greatly ameliorated.

Some, perhaps, may be still reluctant to give

up the old ways, "barbarous methods" • Dr. Gross called them, but evidences that our procedure meets with ever-increasing approval are continuously coming in ; and, if it be the *good thing* he contends that it is, this may be a sufficient apology, he said, for often urging its general adoption, and for again bringing the subject before this Society.

DISCUSSION.

DR. Goss said that he had often seen this operation performed, and in some very desperate cases. He remembered the instance of a young gentleman, who had been quite crippled for a long time by the disease, and had submitted to many and various kinds of treatment, some quite severe, without avail. At the time when seen he was completely laid up. Both great toes

were hugely swollen, and intolerably painful—with foul, open, fungoid ulcerations on the sides of each.

Four very large and thick slices were removed at the same time. Relief was immediate, and the result entirely successful. The toes became symmetrical and shapely, so much so that when, two or three years after, ^{the patient} ~~he~~ underwent a thorough, from head to foot, examination for a Naval Commission, the medical examiners apparently failed to detect that he had ever been subject to the malady. He subsequently reported home that he had found that he had as good-shaped and as useful toes as any other officer in the service.

Dr. Goss recalled another case also cured by this method where the ailment had previously recurred after the evulsion of the nail. He never knew of a case of failure by Dr. Cotting's method.

DR. WITHINGTON spoke of the cicatrix he had examined in one of Dr. Cotting's old operations, as having drawn all the soft parts so thoroughly away from the edge of the nail as to preclude any possibility of the ailment ever being reproduced. The shape of the toe was good, and, apparently, had been essentially improved in appearance by the operation.

DR. SEAVERNS asked Dr. Cotting if he had not formerly advised the including of a slip of the nail in the slicing off of the side of the toe.

DR. COTTING replied that he had not; but that he had said that, while not necessary, if, in attempting to secure quite enough, the edge of the nail should by chance happen to be included in the cut, no harm would arise therefrom. It is better to remove too much than too little. By force of habit he generally operated by one continuous rapid stroke of the knife,—an important point in his first cases before the discovery of

anæsthesia. Now, some operators, in order to secure the exact amount predetermined on, pass a double-edged knife midway by the side of the nail and downward through the toe, very deliberately (the patient being under ether) cutting out both ways, forward and back. By so doing the nail is not put to any risk whatever. Nevertheless, the edge of the nail should be completely exposed throughout its whole length.

DR. SEEVERNS asked also if the wounds were not sometimes very slow in healing. He had had one patient who was greatly annoyed because of long delay in this respect.

DR. COTTING replied that he had never known of any tedious delay; that, in his experience, the healing was usually as rapid as in other wounds of similar gravity. Besides, the tendency of the wound (a healthy one after the operation) is always towards healing; that of the previous disease seldom, if ever.

DR. GARCEAU, who had performed this operation many times, now employs as a tourniquet a small rubber tube (such as usually comes with nursing bottles. — See Note 2.) After compression is effected, he removes the tube in part, from below, leaving the other portion on until the operation is over, and the dressings applied. He generally touches the surface of the wound with the perchloride of iron. Patients thus treated, have been able to walk about at once in soft slippers; and some have gone to their business the day after the operation. With him Dr. Cotting's method has always succeeded. He had operated on persons, half a dozen at least, of over seventy years of age, without a failure or an accident,—the age of the patient being in general of little or no account.

Dr. GAY would add to the above, that he has had a multitude of such cases and some of them

very unpromising,—but never an unsatisfactory result. Not long ago he had an extraordinarily bad case. Both great toes seemed to be merely huge masses of corruption. He thought the case absolutely hopeless ; nevertheless he removed a very large portion of both sides of each of the toes. The healing was rather slow, but not tediously so ; and the “cure ” radical.

Dr. GAY added also that he had found it difficult to induce students, in a first operation, to remove enough of the healthy parts. He urges the taking off of much more than at first sight would seem necessary. One must be somewhat bold herein to be radical.

NOTES.

[The points, inverted periods *, between the lines in the text indicate NOTES, which may be found by the pages and lines referred to.]

¹ p. 5, l. 3. The nail is always *infleshed*, but not always ingrowing; besides the term *infleshed* does not involve any theory of causation.

² p. 7, l. 13. Usually the bleeding is easily controlled, during the operation and dressing, by an assistant holding the toe, and compressing the lateral arteries between the thumb and index finger. But in the case now reported, Dr. Garceau (in a procedure original with himself) adroitly wound the toe with small rubber tubing, Esmarch fashion, and thus rendered the operation absolutely bloodless till the dressing could be applied.

³ p. 8, l. 5. The old, perhaps the oldest, operation was to trim off the *diseased* parts—nothing more. The Arabs are said to have done this always—knowing no other procedure. Parè, who imitated them, whittled off, "*a la façon d'un copeau*," whatever overlaid, "*ce qui masquait*," the nail. This afforded temporary relief, but it became necessary to follow up with caustics, etc., and so it failed of acceptance. Lisfranc, Guyon, and others tried to revive it, trusting, however, to caustics chiefly. The operation, even with the additional tortures, failed, and became unused and unremembered.

At any rate, ours is a very different operation in every essential.

⁴ p. 9, l. 6. A prominent American surgeon once called it "a very small operation." It certainly is so, if contrasted with an amputation at the hip-joint, or with the separating and displacing of face-bones, to reach a sphenoidal fibroid; but such operations are rare, and for "first surgeons," whereas the "small operation" is frequently incumbent on the average physician who heretofore has been deterred therefrom, often through want of an easy and successful method. He need not hesitate any longer.

⁵ p. 9, l. 14. *Dictionnaire de Medicine*, Vol. II., p. 552.

Dupont says: "Cent et quelques procédès" *Studes Critiques*, p. 5.

⁶ p. 10, l. 1. For a most "barbarous" scheme ever invented, with most fearful, one might say infernal details, see HEBRA,—*Diseases of the Skin*.—*New Syd. Soc. Ed.*, Vol. III., pp. 86-103.

Nota BENE.—It may be pardonable to note again that the "good thing" when tried is everywhere noted as without failure. An operator once thought that he had failed on an occasion, but he had not then performed *the* operation. He afterwards publicly acknowledged that when he did perform it, he met with "uniform success."—*Boston Med. and Sur. Journal*, May, 5th, 1887, p. 438.

The Arabian method seldom gave more than a very temporary relief. It was never radical. It is not to be recommended.



